

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	02/04/2020 12:04
Date Of Accident	02/04/2020 09:40
Exact Location Of Accident	CTE (PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1849E
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#### Insured/Policyholder

Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62523822

#### Vehicle Particulars

Manufacturer	OPEL
Model	INSIGNIA GRANDSPORT B16DTH-1.6 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0015130
Cover Note Number	26.12.2019 TO 25.12.2020

#### Driver

Name of Driver	YU CHEW MENG (YU QIUMING)
NRIC No	SXXXX006G
Date Of Birth	28/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90627689
Fax Number	
Contact Number	
Email Address	CHARLESYU.QM@GMAIL.COM

Address	BLOCK 601B PUNGGOL CENTRAL #16-604
Postcode	822601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GOJEK - PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 02/04/2020 at about 0940hrs, I was driving my vehicle (A: SMJ1849E) on the centre lane along CTE. A vehicle (C: SMA706M) which travelled in front of me stopped and I slowed down and stopped in time. Just a few seconds later, a hard impact from the rear of my vehicle and causing my vehicle to push forward and hit onto the rear portion of vehicle C. I alighted and discovered that it is a chain collision involving 3 vehicles which was caused by this vehicle (B: SME130C) which hit onto my vehicle's rear portion. My vehicle damaged on it's rear and front portion. After the accident, i felt my neck and back pain.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME130C
Vehicle Make/Model/Colour	AUDI A3
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG HAI TING
NRIC/Passport Number	
Contact Number	9688 1203
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA706M  
Vehicle Make/Model/Colour TOYOTA PRIUS  
Details Of Properties PRIVATE HIRE VEHICLE  
Vehicle Category PRIVATE HIRE  
Name of Driver  
NRIC/Passport Number  
Contact Number 9423 6306  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name YU CHEW MENG  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SMJ1849E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

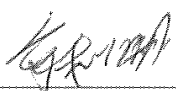
IMPORTANT NOTICE

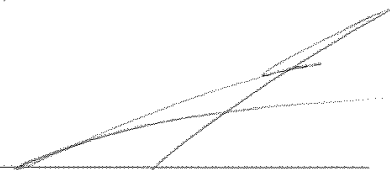
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02/04/2020 01:24h

  
Reporting Centre Personnel's Signature  
Name: Lim Wei Shun  
NRIC/FIN No.: 37014

SKETCH PLAN

CTE (PIB)

A: SMJ1849E

B: SME130C

C: SMA706M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

per to CIA report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/04/2006 1240h

Reporting Centre Personnel's Signature

Name: Lam Wai Shing

NRIC/FIN No.: 37019

# eTiQa

Insurance

## INTERVIEW FORM

Name (Driver) : Yu chow mang

Policy No : M 0015130

Vehicle No : SMJ 1849E

Place of Accident : CTP

Insured Driver's relationship with Insured : Hier

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 01

Injury to Insured and/or Insured driver, please indicate which hospital:  
Yes - Unknown

Third Party Vehicle No (if any) : SMB130C / SMA 706N

No of passenger(s) in Third Party Vehicle : N/A

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
No

Type of collision and the extensiveness of the damages to all vehicles involved:  
chain collision

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
-

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Yu chow mang  
Driver (Name & Signature)  
I, affirmed the above information is given to  
my best knowledge

William Lim  
Attended by (Name & Signature)  
Workshop Name: Tan Lim Motor Pte Ltd

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

